

AgriBusiness®

Horse Show and Riding Club Application

Application Date					Agency Name					
Address										
City				State/Province	Z	Zip				
Phone										
Company Use Only: Customer#/SubID					Producer#					
Entity Type:	☐ Individual		Corporation	☐ LLC		Partnership				
Billing:	☐ Direct Bill		Agency Bill	Pay Plan: _						
Requested Effective Date					Expiration Date					
If a short-tem	event policy ONL	: Set-	-up Date			Tear Down Date				
Applicant	Information									
Named Ins	ured									
☐ Addition	onal Named Insu	red S	upplemental Att	tached (Requir	ed for	multiple Named Insureds)				
Mailing Ad	dress									
City						State/Province		Zip _		
County			Phone#							
Web Addre	ess					_ Email				
Inspection Contact Name									I .	
Coverages t	o be quoted									
☐ Liabil	ity 🗆	Prope	erty 🗆	Excess Liab	bility					
Gonoral I	Jnderwriting Q	ıoeti	one							
		Jesu	0115							
Loss History (List all losse	I es for the past 5 ye	ars tha	nt affect coverage	lines requested	d abov	re)		☐ Nor	16	
Date	Co	verag	e Line		Desci	ription	Paid	Оре	en	Closed
									l	
									l	
									1	
									-	
Prior Carrie	r Information									
Prior Carrier Information Coverage Line Company					# of years		Expiring Pre	miur	n	
Liability	J			• •				,		
Umbrella										

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General Underwriting Qu	estions Continued				Yes	No		
1. Are you age 18 or over?								
2. Have you been declined	l, cancelled or non-renewed i	n the past 3 years?	•					
If yes, explain	If yes, explain							
	ns relating to sexual abuse or	molestation allega	tions, discrimina	tion or				
negligent hiring?								
	s, has any applicant been ind or any other arson-related cri							
Location Schedule	ditional Locations Suppleme	ntal Attached		PC	= Protection	n Class		
Street Address	City/State/Province	County	Zip	PC	Owned	Acres		
		ı		I	1			
Farm Personal Property								
☐ Additional Schedule Far	m Personal Property Suppler	mental Attached						
Deductible: ☐ \$500	□ \$1,000 □ \$2,5	00	☐ Other					
Cause of Loss: Basic	☐ Broad ☐ Spec	cial 🛚 Replac	cement Cost on	Scheduled (Office Cont	ents		
Location	Year/Make/Model OR I	Description	Serial	#	Li	mit		
1								
2								
3								
4								
Loss Payee Schedule Additional Loss Payee Supplemental Attached								
(For Item # Use the number corresponding to that particular Farm Personal Property item above)								
Name		Address			Ite	m #		

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General Liability Underwriting Questions

Company Use Only	
Limits: \$100,000/200,000 \$300,000/600,000 \$500,000/1,000,000 \$1,00	00,000/\$2,000,000
 Is the applicant involved in any of the following activities? (Please check activities applicable) □ Pony Rides/Petting Zoo □ Polo/Horse Ball □ Hay/Carriage/Sleigh Rides □ Gymkana/Mounted Games □ Public Horse Rentals/Trail Rides □ Mounted Shooting □ Golf Cart Rental to participants spectators □ Fox Hunting □ Rodeos □ Trail Rides (non-club members are allowed) Please explain any checked activities.	
Is Unlicensed Farm Vehicle Liability Coverage needed? How many vehicles?	Yes No
Additional Insureds Additional Loss Payee Supplemental Attached	
Name/Address Relationship to Insured	
Riding Clubs	Yes No
1. Does the club own or rent any premises on a long-term basis?	
If yes, and Property Coverage is required, please attach applicable pages of the Farm Dwelling & I Outbuilding Supplemental.	Farm
2. What is the maximum number of individual club members each year? (Not Family Memberships)	
3. Does the club offer boarding for club members' horses?	
If yes, what is the number of horses boarding both in stalls and in pastures?	
4. Does the club hold equine events such as Horse Shows, Clinics, Hunts, etc?	
If yes, please fill out the Equine Events Section below.	
5. Please describe any fundraising activities conducted by your club.	
6. Does the club maintain any public trails?	
If yes, please describe.	
Equine Events (Horse Shows, Trail Rides, Clinics, Hunts, etc)	Yes No
Do you manage/sponsor any equine events on your premises?	
Off Premises?	

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General Liability Underwriting Questions Continued

2.	Equine Event Schedule						
	Name of Event	Type of Event	Event Date(s)	Avg # Participants Per Day	Av	g # Spectato Per Day	ors
						Yes	No
3.	3. Waive Athletic Sports Participants Exclusion? (The Athletic Sports Participant Exclusion is automatically applied to foxhunting, cross country jumping, polo, vaulting, and rodeo type events.)						
4.	What is your policy for	or dogs at the event?					
5.	Do you have bleache	ers or grandstands?					
	Construction		Height				
	Seating Capacity						
	☐ Owned ☐ F						
6.	5. Do you sell feed, grain, hay or shavings to participants? Annual Receipts						
7							
7.	 Do you provide RV or camper hookups during these shows? Number of Hookups Annual Receipts 						
8.							
	Annual Receipts						
	If yes, explain						
	Annual non-liquor Re	eceipts					
	Do you sell any alcoholic beverages?						
9.	Do you have vendors on the premises during these events?						
10	If yes, explain items s		by you at the ayant (at	har than acriina ralatad)			
10.	Describe any enterta	inment/activities managed	by you at the event (ot	ner than equine-related).			
Ris	k Management Cor	ntrols (Required for General L	iability)		N/A	Yes	No
Re	view http://www.horse	-insurance.com/law.html fo	r state requirements.				
Certificate of Insurance on file for Independent Contractors (Clinics).							
Certificate of Insurance obtained from all Vendors (Equine Events).							

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Risk Management Controls Continued	N/A	Yes	No				
Release/Hold Harmless agreement in use (All Exposures).							
Boarding Contract in Place (Boarding).							
State Equine Liability Signs Posted (All Exposures with owned/leased premises).							
24 Hour Supervision of facility (All Exposures with owned/leased premises).							
Umbrella Section			'				
□ Coverage is not desired							
1. Requested Limit of Insurance:							
2. Schedule of Underlying Insurance Umbrella Additional Underlying Policy Supplemental Attached							
Company Type of Coverage L	imit						
		npleted Op vertising I					
The statements given in this application are true and accurate. This includes the limits of insurance and loss history as shown. I have not willfully concealed or misrepresented any material fact or circumstance concerning this application. Application Signature							
Agent's Signature Date							
License #							

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